



DFD

WEMMH/SB/21 (4/03)

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/812.733	
	Filing Date	March 30, 2004	
	First Named Inventor	Doyle R. MYERS	
	Group Art Unit	3654	
	Examiner Name	William A. Rivera	
Total Number of Pages in this Submission	17	Attorney Docket Number	27034-3

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached see PTO-2038 form	<input checked="" type="checkbox"/> Drawing(s) – 2 sheets red-marked; 2 sheets replacement drawings	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, and Correspondence Address Form	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request – 1 month	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Additional Enclosure (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Small Entity Statement	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Documents		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual Name	Gary M. Gron Woodard, Emhardt, Moriarty, McNett & Henry LLP		
Signature			
Date	May 11, 2006		

**Certificate of Mailing**

I hereby certify that this correspondence is mailed via First Class Mail to the United States Patent and Trademark Office, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on this date: May 11, 2006			
Typed or printed name	Gary M. Gron, Reg. No. 24, 293		
Signature		Date	May 11, 2006

#399378:ss

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Fees pursuant to the Consolidated Appropriations Act, 2006 (P.L. 109-171).

## Complete if Known

Application Number 10/812,733  
 Filing Date March 30, 2004  
 First Named Inventor Doyle R. MYERS  
 Examiner Name William A. Rivera  
 Art Unit 3654  
 Attorney Docket No. 27034-3

**FEES TRANSMITTAL**  
**For FY 2006**

MAY 15 2006

☒ Applicant claims small entity status. See 37 CFR 1.21.

TOTAL AMOUNT OF PAYMENT (\$60.00)

## METHOD OF PAYMENT (check all that apply)

- ☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_
- ☒ Deposit Account Deposit Account number: 23-3030 Deposit Account Name: Woodard, Emhardt, Moriarty, McNett & Henry LLP
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility		300		500		200	0
Design		200		100		130	
Plant		200		300		160	
Reissue		300		500		600	
Provisional		200		0		0	

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 (including Reissues)  
 Each independent claim over 3 (including Reissues)  
 Multiple dependent claims

Small Entity
Fee (\$)
50
200
360

## Multiple Dependent Claims

Total Claims = Extra Claims Fee (\$)

-20 or HP = x 50

Fee Paid (\$)

=0

Fee (\$)

x 360

Fee Paid (\$)

=0

Independent Claims = Extra Claims Fee (\$)

-3 or HP = x 200

Fee Paid (\$)

=0

HP = highest number of independent claims paid for, if greater than 3

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 C.F.R. 1.16(s).

Total Sheets -100 = Extra Sheets /50 = Number of each additional 50 or fraction thereof (round up to a whole number) Fee (\$)

x

Fee Paid (\$)

0

## 4. OTHER FEE(S)

Fee for 1 month extension of time/small entity

Fee Paid (\$)

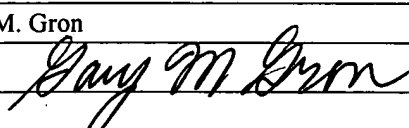
60.00

## SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	24,293	Telephone	(317) 634-3456
Name (Print/Type)	Gary M. Gron			Date	May 11, 2006

## CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on: May 11, 2006

Name (Print/Type)	Gary M. Gron		
Signature		Date	May 11, 2006

#399376:ss